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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 08/160,283 12/02/1993 PAT 5,682,195
 which is a CIP of 08/160,281 12/02/1993 PAT 5,798,785
 and is a CIP of 08/160,280 12/02/1993 PAT 5,600,364
 and is a CIP of 08/160,282 12/02/1993 PAT 5,659,350
 and is a CIP of 08/160,283 12/02/1993 PAT 5,682,195
 and is a CIP of 08/160,194 12/02/1993 PAT 5,990,927
 which is a CIP of 07/991,074 12/09/1992
 and is a CON of 08/595,834 02/02/1996 PAT 5,994,220

ALL

** FOREIGN APPLICATIONS *****

None ALL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/19/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

56015
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TITLE
 DIGITAL CABLE HEADEND FOR CABLE TELEVISION DELIVERY SYSTEM

<p>FILING FEE</p> <p>RECEIVED</p> <p>2294</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<div> <input type="checkbox"/> All Fees </div> <div> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div> <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Credit </div>
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